

Transcript for the CDC Telebriefing Update on COVID-19



Press Briefing Transcript

Saturday, February 29, 2020

Please Note: This transcript is not edited and may contain errors.

Thank you all for standing by. Please continue take stand by. The conference will begin momentarily. Please continue to stand by. The conference will begin momentarily. Thank you.

Good afternoon and thank you all for standing by. At this time, I would like to inform all participants that your lines will be on a listen-only mode until the question and answer session of today's call. Today's call is being recorded. If there are any objections, you may disconnect at this time. I will now turn the call over to Benjamin Haynes. Sir, you may begin.

Thank you, Christie. Thank you all for joining us today for this briefing to update you on CDC's COVID-19 response. We are joined today by Dr. Nancy Messonnier, director of CDC's national immunization and respiratory diseases center. I will turn the call over to the Dr. Messonnier.

Good afternoon and thank you all for joining us. While it has only been 24 hours since we spoke last, we wanted to share the latest information we have. I am joined by representatives from the state of Washington today to announce an additional three new cases in people who tested presumptive positive in the state. Sadly, this includes the first reported death in the United States from COVID-19 as well as the first reported case in a health care worker and the first possible outbreak in a skilled nursing facility. These reports from the state of Washington follow other cases of community-spread in Oregon and two places in California earlier this week. This brings to 22 the number of cases in the U.S. that have been detected by our public health system. We are still early in the investigations in California, Oregon and Washington. However, this preliminary information raises our level of concern about the immediate threat for COVID-19 for certain communities in the United States. One thing that has not changed is that most people in the U.S. will have little immediate risk of exposure to the virus. However, some people will be at increased risk depending on their exposure. The greatest risk is to those who are close contacts with people with COVID-19. People with suspected or confirmed exposure should reach out to their health care provider. CDC is deploying a team to support the ongoing investigation in the state of Washington as well as another team to California to support their response. We are working hard to find and identify how the patients were exposed as well as doing extensive contact tracing of people who were exposed or who might have been exposed. I would like to turn the call over now to Dr. Kathy Lofy, the state of Washington — I'm sorry, the state of Washington state health officer to tell you more about the cases and the investigation being done.

Nancy, this is Jeff Duchin, the health officer for public health, Seattle in King County. If it is okay with you, I will speak before Nancy.

Before Kathy? Of course.

Is that okay?

Of course.

Thank you. So public health Seattle and King County has three new presumptive cases of COVID-19 including one person who died, and we all here are working on the public health response, we want to send our sincere condolences to the families and loved ones of the person who died. None of us want to see this although we understand it can be a severe disease. Two of the confirmed cases are associated with a long-term care facility called Life Care Kirkland in our County. One is a health care worker, a woman in her 40s, who is in satisfactory condition at Overlake Hospital. She has no known travel outside the United States. The second case is a woman in her 70s, a resident of the long-term care facility and she is in serious condition at another one of our local hospitals, Evergreen Hospital. We are aware of a number of other individuals associated with the long-term care facility who are also reportedly ill with respiratory symptoms, and we are in the middle of an investigation to understand more about the situation, and we will continue to update our partners and the public as new information emerges over the coming days. We would not be surprised to find additional cases. The death occurred in a patient at Evergreen Health Hospital. This patient had underlying health conditions but was not associated with the long-term care facility. We are currently working with the long-term care facility to provide care for the ill patients and try and prevent the spread to other patients in the facility. We're very grateful for the support we're receiving from our colleagues at the Centers for Disease Control who are sending a team to us tonight to help support our efforts to identify, isolate and test all those who may be at risk because of these new cases. At this point I'm going to stop and turn the call over to my colleague, Kathy Lofy, the state health officer for Washington state.

Thank you, Dr. Duchin. My name is Dr. Kathy Lofy, the state health officer at the Washington state department of health. I want to begin by echoing the sentiments of those who spoke before me. We all send our deepest condolences to the family of the person who died. We want to extend our support to health care workers caring for impacted people at the facility where COVID-19 has been confirmed. The COVID-19 situation is evolving rapidly on a global scale, and in Washington we are starting to see some spread in the community. Therefore, we feel the risk to the public is increasing. That means it is more important than ever to practice good health habits like washing your hands and staying home from school or work when you are sick. Should we start to see more spread in Washington we might consider recommending measures like cancelling large public events. Now that we can test for COVID-19 at our state public health laboratory in Shoreland, we are able to get the test results much faster. This will allow us to identify cases and offer key guidance to communities in a more timely fashion. In closing it is important for people to remember most people with COVID-19 have mild illness. A smaller proportion of people will have severe illness, and that's why we are working extremely hard in Washington to decrease the spread as much as we can. With that I will turn it back over to you, Dr. Messonnier.

Thank you both. I want to take a moment to thank our colleagues in the state of Washington at the state and local level. Also, I would like to thank all of the states and clinicians who reached out to us to discuss potential cases. Since the beginning CDC's testing criteria allowed for clinical discretion. As public health professionals we know that there is no substitute for the astute clinician on the front line of patient care. I have said that with our enhanced surveillance and detection capacity, especially as more state and local public health labs come on line, we expect to find more cases of envelope coronavirus in the U.S. Further, newly manufactured kits have been provided for distribution, combined with other reagents that CDC has procured it is enough to test 75,000 people. Earlier this

week we discussed if the virus gains a foothold in the U.S. communities may need to take local action to plan and respond. What these actions look like at the community level will vary depending on local conditions. What is appropriate for one community seeing local transmission won't necessarily be appropriate for a community where no local transmission has occurred. We would like to empower local communities in coordination with their public health professionals to make the decisions that work for them. The practical measures they may enact are to help limit exposure by reducing face-to-face contact and preventing spread among people in community settings. This is called social distancing. I want to recognize that people are concerned about the situation. We appreciate that Americans are taking this threat seriously and continuing to seek information about how to be prepared. As always our number one priority is the health and safety of the American public. Our mission includes providing you with clear information that allows you to make decisions about how best to protect yourself and your family. We recognize that this is a difficult time. We are facing an historic public health challenge. We will continue to respond to COVID-19 in an aggressive way to contain and block the threat this virus poses. While we still hope for the best, we continue to prepare for this virus to become more widespread in the United States. Before I close I want to say that while there is some spread in some communities, there is not national spread of COVID-19. CDC and the federal government are working to keep it that way. However, you can also do your part. Remember to take everyday preventive actions like washing your hands. And if you are sick, covering your cough and staying home to the greatest extent possible. We would be happy to take some questions now.

Christie, we are ready to open up for questions.

Thank you. At this time I would like to ask all parties that if you would like to ask a question, please press star one on your touch tone phone. Please ensure that your phone is unmuted and state your name clearly when prompted. Again, please press star one to ask your question. If you would like to withdraw your question, please press star two. One moment. Our first question comes from Lisa Krieger of San Jose Mercury News. Your line is open.

Yes, thank you. I wondered if you would describe why some patients are more severely affected than others? What are the risk factors and do we understand the underlying biology there?

This is CDC. I will start. The data is pretty consistent, both from China and from other countries, that people who are having the most severe impact of this disease are those who are older, those who are medically fragile, for example with underlying medical conditions. That is generally sort of consistent with what we generally see with other viral respiratory infections. In the United States right now, as we have talked about, many of the cases are either recovered or recovering, and, Dr. Duchin and Dr. Lofy, do you want to talk more specifically about your patients in Washington state?

Thank you, Dr. Messonnier. This is Dr. Jeff Duchin from public health in King County. The cases that we just discussed with both in high-risk groups for serious complications from COVID-19, which are very similar to the risk groups that are at serious complications for seasonal influenza. One of our patients was in her 70s, the other one had significant chronic underlying health conditions. So we do recognize that the vast majority of people who become infected with this virus will do well and have a mild infection and do not need to seek health care. It can be very serious in people who are vulnerable, the older adults and those who have underlying health conditions.

Next question, please.

Thank you. The next question comes from novel chic (?) of the New York Times. Your line is open.

I'm wondering how concerned we should be about the case has were detected in the nursing facility, especially since we know that more severe cases of COVID-19 occur in people who are older and have other health conditions, which presumably other people at this facility would be more vulnerable because of that?

Dr. Duchin, I think it goes to you.

We are very concerned about an outbreak in a setting where there are many older people, as we would be wherever people who are susceptible might be gathering. For that reason, you know, we really want to emphasize that older adults, adults with chronic underlying health conditions — and I'm talking about the same conditions that we're used to hearing about with seasonal influenza, chronic cardiac disease, lung disease, diabetes and other conditions that might weaken the immune system, should be really clear and understand the importance of taking the steps that we're recommending to protect themselves, both with the hand washing, more hand washing, less face touching, and avoiding contact with others, particular others who might be ill, and trying to practice good social distancing as much as possible at this time to decrease their risk as much as possible.

Thank you, Dr. Duchin. CDC's perspective, I would again reiterate that while the overall risks to Americans are low, we recognize that these populations of people who are medically fragile would be at higher risk if there is transmission in their communities. If you fall into one of those groups of folks who are medically fragile and you are having respiratory symptoms, please reach out to your health care provider to get advice that is specific for you.

Next question, please.

Thank you. Our next question comes from Helen Branswell of STAT. Thank you. Your line is open.

Hi. Thanks very much for taking my question. Dr. Duchin, if I could ask you a question, please. I think you said that the death was not the person in the long-term care facility. Is there any link to that long-term care facility in that patient? How — do you have a sense how or where the patient was infected?

Thanks, Helen, for that question. That's the kind of thing that we're trying to answer right now. We just became aware of this situation recently, and we're doing an investigation as we speak to try to understand all of the potential exposures that that patient may have had and if there is any potential commonalities with anyone else that might have been at the long-term care facility. But at this point we don't have links.

Thank you.

Next question, please.

Thank you. Our next question comes from Azine Garoshi of BuzzFeed News. Your line is open.

Hi. I just wanted to get a little bit more information about the others who are ill at the long-term care facility. How many of them are there that are currently being monitored and are they going to be tested as well?

Thank you for that question. This is Jeff Duchin from public health, Seattle, King County. So I just want you to understand the situation is evolving. We are continuing to gather information, and I will tell you what we know at this time. Approximately — well, there are about 100 — a little over 100, approximately 108 residents at the facility and about 180 staff. Among the residents we have had reports that approximately 27 have some sort of symptoms, and among the staff approximately 25. We're going to be working in collaboration with our CDC team, which will be

arriving tonight, to assess each and every one of these people and provide the appropriate guidance around isolation and all of these people will be tested and at a minimum — we will take every step to minimize exposure of others. At this point the investigation is just getting started so I don't have more details for you.

Next question, please.

Thank you. The next question is from Sarah Overmore. Your line is open.

Yes, thank you. I wanted to ask, there's been conflicting reports about who died, whether they're a man or a woman and what their age was. I was wondering if you could give us information on that, at least on their age. Also, are you working to isolate people that have had contact with people who are sick or the one that has died and also did the lack of testing capabilities delay finding out who these cases were, particularly the person who died?

Okay. Thank you for those questions. Again, Jeff Duchin, public health, Seattle and King County. I'm sorry again to confirm that we had a death in a man in his 50s who had underlying health conditions. You know, this patient was tested because we recently acquired the — well, I should say the patient was tested locally at our Washington state public health lab that recently acquired the test kits, and this patient was eligible for testing because of very recent criteria that were put out by the Centers for Disease Control that our health care providers became aware of. So, you know, if we had the ability to test earlier, I'm sure we would have identified patients earlier in the community, possibly at hospitals, but we were also looking at not only availability of testing but whether patients met criteria for testing. So given the fact that we just recently acquired our availability of testing and new criteria were published, this person was brought to our attention.

Thank you.

Next question, please.

Thank you. The next question comes from Josh Bevis of CNN. Your line is open.

Thank you. This question is for Dr. Duchin. 14% of recovered coronavirus patients in China's Guangdong tested positive again. CDC has been denying this fact. Are you still denying it or are you recognizing the possibility of the disease coming back in cured patients and how are you planning for that?

I'm sorry. Will you repeat that? Sorry, go ahead.

I will briefly answer and ask Dr. Messonnier to comment. I do not have firsthand knowledge of the literature from China. I am familiar with social media reports that describe what you mentioned about reinfection, however, it is not clear to me that's actually the case. It is not clear to me that those persons ever cleared the infection or have residual shedding of virus, and it is not clear that that residual shedding even represents transmission potential. So I'm going to limit my comments to that because it is not something germane to my work here locally and ask Dr. Messonnier if she has something to add.

You know, thank you, Dr. Duchin. You know, I would say it is really important for the global community to get access to scientific information as quickly as possible and in real-time because the information from one country can definitely help others who are making decisions about their patients. But in the rush to push out information quickly there have been some instances already where there hasn't been appropriate scientific review of some of the data that's coming out, and that is an essential part of any investigation to have appropriate review. We are really focusing on the U.S. cases, and we follow those cases closely to look at their clinical status but also to look at whether or not

they continued to harbor the virus in their nose and throat. With such a limited number of cases in the U.S., we have been able to be very aggressive about that, and we have not seen any sign yet of the phenomenon that you are mentioning about reinfection. When we gather additional data or find that it is going to impact care in the U.S., we will certainly make that clear, but it is not something that we're seeing here and it has not changed our clinical practice.

Next question, please.

Thank you. The next question comes from Janell Alacka of Kaiser Health News. Your line is open.

Hi. Thank you for taking the question. Hey, Dr. Duchin, nice to talk to you. I wonder when you say you are working with the long-term care facility to try to prevent the spread, what exactly can be done in kind of a contained facility like that where the people live to prevent the spread of such a transmissible illness? Then I have one other question about the patient who died.

Okay. Hi, Janell. Thanks for your question. So what we're doing, of course, initially consultation with our colleague infection control experts at the CDC to provide guidance to the facility about infection control measures in the facility such as cohorting ill patients from well patients, the use of personal — appropriate use of personal protective equipment and including eye protection, which isn't something that's commonly used in these types of settings, and the need to test and identify patients who are positive so that they can be cohorted away from patients who might be negative. But it is a very challenging environment, particularly with so many vulnerable patients, to manage an outbreak. So we're going to send a team into the facility tomorrow to do an assessment, to work with health care providers there to try to understand what the actual situation is to the greatest degree possible and provide additional guidance based on what we see, but we haven't been on site yet.

I see. And then just to clarify, you know, President Trump said that the person who died in Washington state was a woman in her 50s with underlying health conditions, and I think I heard you say that it was a man. So can we just clarify who the person who unfortunately died actually was?

It was a male, not a woman, in his 50s.

In his 50s. And not a patient who had been previously been identified as a case?

This case was reported to us yesterday from the Washington state public health laboratory as a presumptive positive and confirmation pending. First we heard about it, the positive, was yesterday.

Next question, please.

Thank you. Our next question comes from Molly McCria of CPIX news of San Francisco. Your line is open.

Yes, hi. Thank you for taking the calls and the questions. Any updates on the patients that we have and the patient in Solana County or the patient announced yesterday in Santa Clara County, in progress in terms of doing the tracing, the contact tracing?

This is CDC. My request would be that you direct those questions to the California state health department. They're better equipped to answer questions about their investigations and their patients.

Christie, we have time for one more question.

Thank you. Our next question comes from Karen Weintraub of Scientific American. Thank you, your line is open.

Thanks for taking my question. I was wondering what you think other long-term health care facilities should be doing now? Should they prevent visitors from coming in? Is there anything that should be done or considered? I know you're not trying to tell everybody what to do, but other facilities around the country?

This is CDC and I will answer for around the country and see if Dr. Lofy or Dr. Duchin want to talk specifically about Washington state. As I said, right now we still judge the general risk to the American public to be low, and that includes residents of long-term care facilities. However, as you have heard, in general those that are older and that are medically fragile would be at higher risk if there was a spread in a community. There are general common sense measures that we ask long-term care facilities to do to make sure to protect their residents, and they are the same things that we've been talking about, washing hands, identifying people who are sick early to make sure that they get appropriate medical care. And when somebody is sick, trying to keep them from infecting others. Those are common sense approaches that we would recommend in any time when there is transmission of an infectious disease. Like everywhere in the country, we are recommending that people think through what they might do if there is a risk in their community, not that those should be — that they should be taking those measures, but that is part of general preparedness. It is good to have those conversations in advance so that if you do need to act you are ready to do it. Dr. Lofy and Dr. Duchin, I don't know if you want to talk specifically about what you are telling folks in long-term care facilities in Washington.

Thank you. This is Jeff Duchin, public health, Seattle, King County. I think everything Dr. Messonnier mentioned that we're reminding the importance of making sure health care workers that are ill don't come to work and try to screen visitors who are ill. We don't want patients who are in these facilities exposed to coughing and sneezing. Visitors during flu season or when there's a potential for COVID-19 to be in the community. So really sort of souping up our influenza prevention guidance to be relevant to this situation. That's the foundation at this point.

Thank you, Dr. Duchin. This is Dr. Messonnier. Thank you for reminding me to say again that our public health professionals also always want to make the importance of health care providers who are on the front lines of care patients in any such outbreak, and we continue to reiterate the importance of making sure we keep them safe so they continue to do their jobs.

Thank you, Dr. Messonnier, Dr. Duchin and Dr. Lofy. Please check the COVID-19 website for the latest updates. I would like to mention that the state of Washington will be hosting a press briefing at 4:00 p.m. Eastern to provide more information on their local response. If you have further questions, please call the main media line at 404-639-3286 or e-mail media@CDC.gov. Thank you.

Thank you. This does conclude this day's conference. You may disconnect at this time. Thank you and have a good weekend.

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